

Foster Family Home - Corrective Action Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-6

94-573 Palai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 4/23/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/23/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/23/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

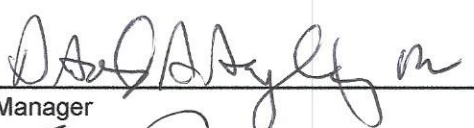
8.(a)(1),(2) - APS/CAN and fingerprints not done until 7/11/18 for CG #3. Expired on 1/31/16. APS/CAN not done until 4/15/19 for HHM #1. Expired on 4/22/18.

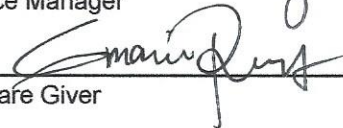
Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - All SCG's have not lead a fire drill in the last 12 months.


Compliance Manager


Primary Care Giver


Date

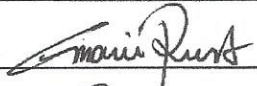

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Gay Marie Ruedo

CCFFH Address: 94-573 Palani St. Waiipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(1)	I showed CIA a current APS/CAN and finger-print for CG #3 and HHM #1 on the day of my recertification.	4/23/19	I have placed the expiration dates for APS/CAN and criminal history for all CG's + HHM's in my iPhone calendar. I set the reminder for 2 weeks prior to expirations.
46(a)	I have scheduled each SCG to had a fire drill on 4/25/19.	4/25/19	I will have all SCG's had a fire drill at least once a year.

Primary Caregiver's Signature: 

Print Name: Gay Marie Ruedo Date of Signature: 6/28/19